

The School Nurse Role

Individual Health Plans (IHP) and 504 Plans

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Overview

- Define School Nursing
- Laws related to having a school nurse
- How to help fund your school nurse
- Identifying students with medical issues
- School nurse role in developing the student IHP
- How does an IHP relate to a 504
- What is a 504 Nurse
- Training vs. Delegation

A School Nurse

The National Association of School Nurses
defines school nursing

“School Nursing is a specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement and health of students.

To that end, school nurses facilitate normal development and positive student response to interventions; promote health and safety including a healthy environment;

A School Nurse

intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self advocacy, and learning (NASN, 2010).”



National Association of School Nurses

The School Nurse is governed by

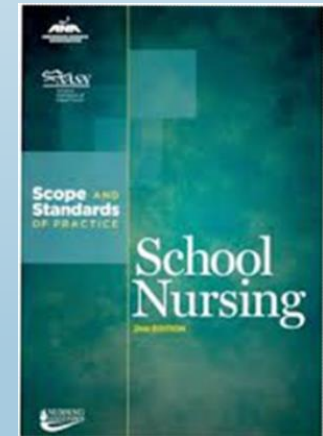
- Utah Legislative Laws
- Utah Nurse Practice Act
- National Scope and Standards



- Supported by National and State Organizations



National Association of School Nurses



- National Certification available





53A-11-204

Nursing services in the public schools – Collaborative efforts.

(1) (a) Students in the state's public schools may be better protected against risks to health and safety if schools were to have **registered nurses** readily available *to assist in providing educational and nursing services in the public schools.*



Educational level of the school nurse should be at the **baccalaureate level**, and the school nurse should continue to pursue professional development and continuing nursing education (NASN



Rule R392-200. Design, Construction, Operation, Sanitation, and Safety of Schools.

shall have a written plan or policythat states *how a nurse or doctor can be contacted at any time the school is in session.*

Prior agreement shall have been made with the doctor or nurse to ensure availability.

In addition, at least two designated individuals shall be on site that have a current Red Cross basic first aid and CPR certificate or equivalent training approved by the governing body.

School Nurse Funds: HB 160

- Watch for application in March
- Due back in April
- Base on anticipated Oct. 1, 2014 enrollment
- Name and license # of physician who will oversee all medical and nursing activities for your school
- Name, license # and FTE of school nurse(s)

**School Nursing Services Incentive Program
APPLICATION FORM**

Items 1 through 7 must be completed for application consideration.

1. Applicant District/Charter School:
Applicant District/Charter School: _____
Work Phone: _____ Fax R: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Name of Schools supported by this grant: _____

2. Program Director:
Director's Name: _____
Title: _____
Work Phone: _____ Fax R: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

3. Please indicate the designated licensed physician who will oversee all medical and nursing activities for your district(s).
Name: _____ License R: _____
Work Phone: _____ Fax R: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

4. LEA matching fund requirement will be met if school nurses (See DENIMONS) are currently funded in your district.

School Nurses	FTE	Other information	Total #
FY08 hired prior to incentive funds		FY08 # of district students (USOE date)	
FY13 hired without incentive funds		FY13 # of district students (USOE date)	
FY13 hired with incentive funds		FY14 # of projected district students (district date)	
2013 USOE Year End Web Survey- Classify personnel report- School Nurse category		# of Schools supported by this program	

*Use table above to calculate ratios
School Nurse FTE / student ratio for FY 2008 _____ Ratio for FY 2013 _____



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME

Last _____

First _____

Middle _____

Student resides with (✓): ☐ FATHER ()
FATHER Language _____

Last _____

First _____

Middle _____

Identifying Students with Special Health Care Needs



Name of Provider: _____

PHYSICIAN INFORMATION

My child's medical care is provided by _____ Telephone (_____) _____
(Name of doctor/clinic/HMO, etc.)

My child's medical care is covered by _____ Telephone (_____) _____
(Health insurance company, assistance program, HMO, etc.)

HEALTH INFORMATION

Check (✓) any current health condition that may require attention during the school day.

<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods <input type="checkbox"/> medicines <input type="checkbox"/> bee sting/insect <input type="checkbox"/> other _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> physical disability (be specific) <input type="checkbox"/> respiratory (be specific) <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____
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☐ asthma
☐ cancer
☐ diabetes
☐ hearing problems ☐ hearing aid(s)
☐ heart problems (be specific) _____

List all medications and dosages your child receives on a continual basis: _____

Obtain medication forms from school for any medication required during the school day.

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being

ESD 601 PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SS-SE-3 (6/99) Distribution: White - School Canary - Clinic Copy as needed for other school activities.



Health Problems: _____

Special assistance required for student to attend school:
☐ Transportation ☐ Adult Assistance ☐ Wheelchair ☐ Special Equipment

Physician _____ Phone Nbr _____

Special Programs student currently receives
☐ 504 ☐ ESL ☐ Spec Ed/Resource ☐ Title I ☐ Special Ed. Preschool ☐ Speech and Language

SCHOOL DISTRICT NURSING SERVICES

REQUEST FOR SPECIAL HEALTH CARE SERVICES

Address _____

Phone (home/mobile) _____

School _____

☐ Request for New Health Care Plan

Please describe the student's condition and the service and/or treatment you are requesting to be administered by school personnel. Requested accommodations necessary during school hours.

Date of Birth _____

Parent or Legal Guardian Name _____

City, State, Zip _____

Email _____

Teacher _____

☐ Update/Re-evaluation of Current Health Care Plan

Grade _____

Canyons School District Nursing Services with all of the forms and information necessary to administer the student's health condition. If services requested are denied, parent/guardian must be released.

Location _____ Progress Notes _____

Signature of above-named student _____



Reset Form	SYRACUSE HIGH SCHOOL STUDENT INFORMATION FORM	Print Form
The District is requesting this information under the authority of DJ 04 443 Title IV of the Civil Rights Law and State Administrative Code D297 746 (4 to 5)		
Physical Status of Student		
<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication		
Health Problems: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		
Special assistance required for student to attend school:		
<input type="checkbox"/> Transportation <input type="checkbox"/> Adult Assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Special Equipment		
Physician		
Physician		Phone Nbr
Special Programs student currently receives		
<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language		

Other Guardian Information				Physical Status of Student					
Last Name		First Name		Middle Name		Suffix		<input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Physical Problems <input type="checkbox"/> Daily Medication	
Address		City		State		Zip		Health Problems: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	
Mailing Address (if different)		City		State		Zip		Special assistance required for student to attend school: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	
Workplace:		Economic Guardian		Yes		No		Physician Phone Nbr	
Work Phone:		Resides With		Yes		No		Special Programs student currently receives	
Ext.		Mailings		Yes		No		<input type="checkbox"/> 504 <input type="checkbox"/> ESL <input type="checkbox"/> Spec Ed/Resource <input type="checkbox"/> Title I <input type="checkbox"/> Special Ed. Preschool <input type="checkbox"/> Speech and Language	
Email Address		Last 4 Digits of Ssn		for online lunch payment		Absence Notification			
						<input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> No Notification			
What language does your son or daughter speak most often at home?				What is the first language your son or daughter learned to speak?					
What language do you speak most often at home (parents or guardians)?				What is the first language you learned to speak (parents or guardians)?					

PLEASE FILL OUT BOTH SIDES

CURRENT HEALTH CONDITIONS	
Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.	
<input type="checkbox"/> allergies (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> foods <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> medicines <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> bee sting or insect bite <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> other <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> respiratory (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
List all medications and dosages your child receives on a continual basis: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

MEDICAL ALERT INFORMATION ON FILE
This space reserved for system printing of Health Information

PHYSICIAN INFORMATION	
My child's medical care is provided by: <div style="border: 1px solid black; width: 200px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; display: inline-block; margin: 2px;"></div> <div style="margin-left: 10px;">(name of doctor, clinic, or HMO)</div> <div style="margin-left: 10px;">(telephone)</div>	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: <div style="border: 1px solid black; width: 200px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; display: inline-block; margin: 2px;"></div> <div style="margin-left: 10px;">(health insurance company, assistance program, HMO, etc.)</div> <div style="margin-left: 10px;">(telephone)</div>	

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

Obtain medication forms from school for any medication required during the school day.

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

EYE PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

SS/SE-3 (6/99)

Distribution: White - School Canary - Clinic Copy as needed for other school activities.

Delivery of Health Services

PHYSICIAN INFORMATION		
My child's medical care is provided by:	<div></div> <div>(name of doctor, clinic, or HMO)</div>	<div></div> <div>(telephone)</div>
Does your child have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by:	<div></div> <div>(health insurance company, assistance program, HMO, etc.)</div>	<div></div> <div>(telephone)</div>

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

Connecting students and families to medical homes

The Student Individualized Health Care Plan (IHP)

- Created by the school nurse through the nursing process
- An IHP is developed:
 - For students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance.
 - If student requires delegation of care (R156-31b Nurse Practice Act Rule)
 - If there are health related components needed for a 504 or IEP
 - If student may require emergency measures for a health related problem

R156-31b Nurse Practice Act Rule

- 102 Definitions:
 - (21) Individualized Health Plan (IHP) means a plan for managing the health needs of a specific student, written and reviewed at least annually by a school nurse.
 - The IHP is developed by a nurse working in a school setting in conjunction with the student and the student's parent or guardian **to guide school personnel in the care of a student with medical needs.**
 - The plan shall be based on the student's practitioner's orders for the administration of medication or treatments for the student, or the student's DMMP.

The Nursing Process

- Each step of the nursing process strengthens and facilitates educational outcomes for students.
 - Nursing assessment
 - Nursing Diagnosis/Problem Statement
 - Outcome identification
 - Plan of Care / Goals
 - Implementation
 - Evaluation

504 IS A

PLAN.....

NOT A PERSON



Thoughts on a 504 Nurse

“If 504 is in charge of “leveling the playing field” for students with disabilities and most of those children have medical needs, a nurse needs to be involved. If the child’s health issues are significant enough to require accommodations throughout their day, then we should have one nurse dedicated to ensuring the medical needs are being appropriately accommodated.”



How 504 Nurse Position Works:

- Assesses and oversees the development of medical support for students needing adult assistance at school
- Provides parent support and training/education regarding health care provisions at school as needed

- Evaluate / assess school needs and advise / determine allocation of resources for adult assistance.
- Provide support with data collection and analysis.
- Collaborate with state and local organizations regarding health care support for students with disabilities

504 Eligibility and Planning Worksheet

Student Name: _____

School: _____

Date: _____

1.) What is the student's primary disability?

If there are secondary disabilities, list them here: _____

Please list evidence/evaluation data used to make this determination¹, and attach the information (not always doctor's documentation). Remember that we don't diagnose conditions; we determine eligibility based on need. The definition of "disability" is much looser in 504 than SPED.

Remember that a student may have a disability that substantially limits a major life activity, but still not need a 504 plan. These students would still be eligible for procedural safeguards and nondiscrimination protections under §504.

2.) How does the disability limit major life activities for the student?

Major Life Activity ² Impacted	Description of the NATURE of how the disability affects/impacts the major life activity in the current school setting ³	Source of information (data and/or person) ¹	SEVERITY					DURATION ⁴ How long will the impact last?	Substantial limitation? ⁵ Yes or No	
			Mild	Severe	1	2	3	4	5	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹504 regulations require teams to draw upon a variety of sources/measures concerning disability and impact. These may include aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, parent input, outside professional's documentation, testing from related services, interventions previously tried, and adaptive behavior.

²major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning,

New 504 Building Coordinator Training

504 for Schools

Davis School District
Revised August 14, 2013

Student Name: _____

Need for 504 TA Planning Worksheet

DSD 504 Dept. Revised 8/1/12

Disability: _____

School: _____

Date: _____

This worksheet must be completed by the Building 504 Coordinator and submitted to the 504 department for any request for use of a 504 TA, even if there is already one in your school. Because adding TA support constitutes a major change in services, the law requires that an evaluation relevant to that change take place and allows a reasonable timeframe. Thus, TA requests may not be filled immediately. Please involve the 504 department early in the process for direction!

1.) Have you conducted a thorough evaluation with a proper 504 team? Yes No

2.) Is there a Health Care Plan in place? Yes No

3.) What are the needs of the student for which extra assistance is required?

Is there a 504 plan in place? Yes No

4.) How much time each day are these needs taking?

- Provide support for paraprofessionals working in the school setting with students with medical / health care needs.



- Attend 504 planning meetings as needed.



The Golden Rule of Providing Support in Inclusive Classrooms: Support Others as You Would Wish to Be Supported

Julie N. Causton-Theoharis

Frequently Asked Questions about Special Education and 504

Steps Self-Management Guidebook



<u>Level</u>	<u>Complete</u>
Level 1	<input type="checkbox"/>
Level 2	<input type="checkbox"/>
Level 3	<input type="checkbox"/>
Level 4	<input type="checkbox"/>
Level 5	<input type="checkbox"/>



TRAINING

- 504 TAs (Unlicensed Assistive Paraprofessionals)
- 504 Building Coordinators
- School Teams and Staff
- District Trainings

Training vs. Delegation





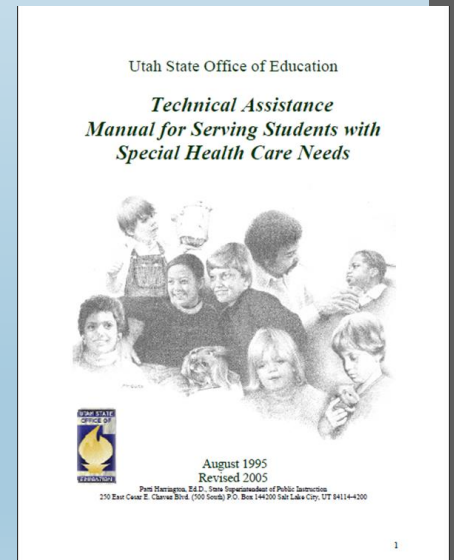
Utah Nurse Practice Act R156-31b-701a. Delegation of Nursing Tasks in a School Setting.

- (1) Any task being delegated by the school nurse shall be identified within a current IHP. The IHP is limited to a specific delegatee for a specific time frame. Any unlicensed person who administers medication to a student as a delegatee of a school nurse, must receive training from a school nurse at least annually.



Resources:

- Causton-Theoharis, Julie N. (2009) The Golden Rule of Providing Support in Inclusive Classrooms: Support Others as You Would Wish to Be Supported. TEACHING Exceptional Children. Vol 42, No. 2, pp.36-43
- National Association of School Nurses (NASN) <http://www.nasn.org/>
- Utah Medical Home Portal <http://www.medicalhomeportal.org>
- Utah School Nurse Association (USNA)
<http://www.utahschoolnurses.org/>
- Utah Parent Center www.parentcenter.org
- USOE: Technical Assistance Manual for
Serving Students with Special Health Care Needs
<http://www.schools.utah.gov/sars/DOCS/resources>



Reference:

American Federation of Teachers (AFT) (2009): The medically fragile child, caring for children with special health care needs in the school setting. Retrieved from <https://www.aft.org/pdfs/healthcare/medicallyfragilechild0409.pdf> Retrieved June 28,2013

National Association of School Nurses (2010) Caseload assignments. Retrieved from: <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatements>. Retrieved July 5 2013

National Association of School Nurses (NASN) (2010). Definition of school nursing. Retrieved from: <http://www.nasn.org/Default.aspx?tabid=57> . Accessed July 8, 2013

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- Robert Wood Johnson Foundation. (2009). Unlocking the potential of school nursing: Keeping children healthy, in school, and ready to learn. Retrieved from <http://www.rwjf.org/files/research/cnf14.pdf> Retrieved July 6, 2013
- Schwab and Gelfman (2001). Legal Issues in School Health Services: A resource for school administrators, school attorneys and school nurses. Sunrise River Press, MN.
- Wolf, L.C. (2012). The profession of school nursing. In J Selekman, School Nursing: A Comprehensive Text. Philadelphia: F.A. Davis